PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

464352

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE - 0			OTHER THAN OR SMALL ENTITY		
FOR				R FILED		NUMBER		Г	RATE	FEE] [RATE		EE
BASIC FEE			,							380.00	OR		76	0.00
TOTAL CLAIMS			16	g minus:	20=	*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS		3 minus	3 =	*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		:
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL		/	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A	,	CL REM AF	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
	Total	*	//	Minus	**	20	=		X\$ 9=		OR	X\$18=		· -
	Independent	*	3	Minus	**	<u> </u>	= /		X39=		OR	X78=		
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEI	PENI	DENT CLAIM		ן י	+130=		OR	+260=		
								L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		-
(Column 1) (Column 2) (Column 3)									ر عاد ۱۰۰۰ الماطرات - آراد المشارات الماطرات الم		Transfer		- -	, <u></u> -
AMENDMENT B		REM Al	AIMS :: IAINING FTER NDMENT		P	HIGHEST	PRESENT EXTRA	÷ ,	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
	Total	*		Minus	* **		=		X\$ 9=		OR	_X\$18=	*	⁻ .
	Independent	*	ON OF M	Minus	**		=		X39=		OR	X78=		
	FIRST PRESE	NIAIR	JN OF MI	ULTIPLE DE	PEN	DENT CLAIM		' [+130=		OR	+260=		
							. •	L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Col	umn 1)		((Column 2)	(Column 3)					7.0011.122		
AMENDMENT C		REM Al	AIMS IAINING FTER NDMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	TI	DDI- ONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	**		=	l [X39=		OR	X78=		
H	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PEN	DENT CLAIM		┚┞	+130=			+260=	T	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	┞			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 464352

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fcc	<u> </u>	•	Total
	Sm./Lg.				Sm. Entity	Lg. Entiry		
Basic Filing Fee	201/101							760°°
Total Claims >20	203/101		20 -	Х			•	
Independent Claims >1	202/102		1,-	х				
Mult. Dep Claim Present	204/104						3	
Surcharge	205/105	•						130.00
English Translation	139 .							
TOTAL FEE CALCULA	ATION		esse jë					
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$ 0	30° ₀₀	····			•		
Less Filing Fees Subm	iiπed - S			_			٠	
BALANCE DUE	- s <u>(</u>	90.00		_		٠,		
Office of Initial Patent	UN Examination	. 						

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)